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OMB NO. 0938-0391

PRINTED: 11/19/2007 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICE	ES
CENTERS FOR MEDICARE & MEDICAID SERVICE	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) ML A. BUIL	ILTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G094	B. WING		R 11/07/2007	
CARECO	'ROVIDER OR SUPPLIER D 05		· .	STREET ADDRESS, CITY, STATE, ZIP COD 6934 9TH STREET, NW WASHINGTON, DC 20012		3112001
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION E CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
(W 104)	7, 2007, to determ with previous conditions september 28, 20 were based on obdirect support and and the review of reports and admir findings determine of compliance with in Client Protectio 483,410(a)(1) GO	was conducted on November nine the facility's compliance dition level deficiencies cited on 07. The findings of this survey servations, interviews with administrative staff and clients, records, including incident distrative records. The surveyed that the facility remained out in the Condition of Participation ins.	{W 10			
	Based on observation record review, the provided general of following areas: The findings included the findings included general of the findings included and recognized and reaccordance with participation and due proceed to governing body farecured timely provided the finding when 483,420 CLIENT I	V149, W125 and 148. The iled to ensure that all staff ported allegations of abuse in colicies to ensure the health, oceass rights of its clients. W212 and W225. The iled to ensure that the facility yehiatric and/or vocational indicated. PROTECTIONS	{W 12			12/13/07
ABORATOR	Y DIRECTOR'S OR PROV La J. J.	DENSUPPLIER REPRESENTATIVE'S SIGN	_	ita of Dieabelite Lea	ر مارده	(X6) DATE

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for rursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-88) Pravious Versions Obsolete

Event ID: C5KJ12

Facility ID: 090094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
•••		09G094	B. WING_	,	R 11/07/2007	ı
NAME OF I	PROVIDER OR SUPPLIER O 05			REET ADDRESS, CITY, STATE, ZIP CODE 2934 8TH STREET, NW WASHINGTON, DC 20012	1 10112011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIO	IN
(W 122)	The facility must er protections required. This CONDITION The facility failed to effective policies ar implementation of its system [See W149 allegations of negles of unknown source investigated therough failed to ensure that to the administrator within five working (W156]. The effects of these the failure of the facility of the facility must entherefore, the facility must entherefore, the facility and a facility, and a	isure that specific client ments are met. Is not met as evidenced by: I develop and implement and procedures to ensure the incident management If failed to ensure that all set or abose, as well as injuries	(W 122)	The DoDS revised agency policy to me standards of the Departments of Health Disability Services. Training was provat all levels on the requirements of the November 3, 2007. On November 10, 2 DoDS convened a meeting of all managand provided training on incident report investigation. The Director of Operation a meeting of the Nursing Department at Department, where the DoDS trained all Residential Directors (RDs), RN Supern Designated Nurses, and Medication Nur November 14, 2007 on the Incident Polyincident Management Coordinator (IMC investigation training with Labor Relation Associates from November 27-30, 2007 provided her with additional training on complete, and timely investigative procedures are the staff and profession providing services comply with the policinequirements.	and ided to staff colicy on 2007 the gement staff ting and as convened and the DD I QMRPs. visors, rses on idey, as. The C) attended ons that thorough, edures. The mentoring, anagement nais cy and 12//3,	
	This STANDARD is Based on Interview revisit on November ensure each client's have his/her complete.	s not met as evidenced by: and record review during the 7, 2007, the facility failed to right to file a complaint and allnt fully investigated, for one siding in the facility. (Client				

FORM CMS-2007(02-99) Previous Versions Obsolete

Event ID; CSKJ12

Facility ID: 09G094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARE SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) N A, Bu		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G094	B. Wil	√G		5 11/07	// 20 07
NAME OF PROVIDER OR SUPPLIER CARECO 05			~ <u>-</u>	6:	EET ADDRESS, CITY, STATE, ZIP CODE 034 9TH STREET, NW (ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR DEFICIENCY)	LLD BE	(X5) COMPLETION DATE
W 125	The finding Included Cross-refer to W1.4 Client #4 informed punched him in the Qualified Mental R (QMRP) on Novem 6:00 PM, revealed peer-on-peer abus accordance with factories at the time there was no writter review to verify the been investigated, evidence that Clients at the time there was no writter review to verify the been investigated, evidence that Clients involved in facility policies, to received appropriate 483.420(c)(6) COI CLIENTS, PAREN The facility must in parents or guardiac changes in the client imited to, serious or unauthorized at This STANDARD Based on interview.	49. On October 28, 2008, staff that Client #1 had a face. Interview with the letardation Professional inber 7, 2007, at approximately that the allegation of the had not been reported in acility policies. Although the natishe had interviewed the two the client made his allegation, and documentation available for at the client's complaint had In addition, there was no int #4's allegation was reported Including his mother (she in his care), in accordance with ensure that his complaint ate review. MMUNICATION WITH ITS & condition including, but not plants accident, death, abuse, osence.		125	Sec response to W125.		12/13/07
	revisit on Novemb consistently notify significant incident	er 7, 2007, the facility failed to the client's parents of ts, including allegations of r one of the five clients residing					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G0B4	B. WIN	IG			₹ 7/2007
	NAME OF PROVIDER OR SUPPLIER CARECO 05			69	EET ADDRESS, CITY, STATE, ZIP CODE 234 9TH STREET, NW (ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE FRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ノしひ お巨	COMPLETION DATE
W 148	Continued From pa		. W 1	148			
{W 149}	Cross-refer to W14 Client #4 informed ! punched him in the Qualified Mental Re (QMRP) on Novem 6:00 PM, revealed to peer-on-peer abuse accordance with face evidence that Client active in his care) wallegation. It should be noted, if documented having after her son was b #1 on September 30 483.420(d)(1) STAF CLIENTS The facility must de policies and proced mistreatment, negle This STANDARD is Based on staff inter medical and habilita of the facility's incide facility failed to impliprovide the detail ne ensure that allegatio and investigated in se	9. On October 28, 2008, staff that Client #1 had face. Interview with the stardation Professional ber 7, 2007, at approximately that the allegation of a had not been reported in cility policies. There was no to #4's mother (who remained was made aware of har son's however, that the facility had notified his mother promptly itten on the shoulder by Client 0, 2007. FETREATMENT OF velop and implement written ures that prohibit act or abuse of the client. Is not met as evidenced by: views, review of Client #4's ation records as well as review ent management policy, the ement written policies that accessary to guide staff, to one of abuse were reported accordance with federal and desidents #1, #2, #3, #4, #5)	{W 1		See response to W125. The policies def "incident." The DoDS has held, and will to hold, numerous training sessions on he Management. The DoDS will ensure the is clear that an individual served is not "with responsibility for incidents when he the aggressor, but that staff are accounted DoDS will ensure that staff understand ton-client aggression is still a serious repincident, and must be managed according. The client may need additional behavior and planning, and the environment must adjusted as much as possible to prevent to possibility of harm to others through a climaladaptive behaviors.	I continue ncident at all staff charged" e or she is ble. The hat client- ortable g to policy. al supports be the	12/13/07
1EM CM9-25	B7(17-09) Brevious Vareloss	DI 1/					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO	OMB NO. 0938-0391	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IFLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY	
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NAME OF P	ROVIDER OR SUFPLIER		i	REET ADDRESS, CITY, STA 5934 9TH STREET, NW NASHINGTON, DC 20	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(XE) COMPLETION DATE	
(W 149)	On November 7, 20 the Resident Direct had been one incided since the September Survey. The correst reviewed. At 9:20 that been no other incided september 28, 200 LPN Designated Notifine, stated that shincidents that required lent #1's medicated that he incidents that required lent that he allegation of physical coursented that a altercation between progress note further assessed the client He did, however, do	or (RD) revealed that there ent reported and investigated er 28, 2007 recertification ponding documentation was AM, the RD stated that there incidents reported. At PM, the Qualified Mental slonal (QMRP) also indicated into had occurred since the 7 recertification survey. The urse, who was present at the e was unaware of any other red nursing care (except for ion refusal). ever, at approximately 5:25 was found in Client #4's indicated the had made an all abuse. On October 28,	{W 149]	<u> </u>	ICLENCY		
	incident. She state that evening, working room. According to medication nurse thin the face. The nudining room and no Client #4 had not to attack before the nureportedly interview.	iRP was asked about the dithat she had been onsite ng with Client #1 in the dining of the QMRP, Client #4 told the nat Client #1 had punched him rise promptly came to the tified the QMRP. She said lid anyone about the alleged urse arrived. The QMRP and the two clients; however, in documentation available to	,				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMEN	T OF DEFICIENCIES	(X1) SPOVIDER/SUPPLIED IN			ONI BINO	<u>. 0938-039</u>
AND RLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLI	
		09G094	B. WING	·		R
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	l.			7/2007
CAREC	0 05		69:	ET ADDRESS, CITY, STATE, Z 34 9TH STREET, NW ASHINGTON, DC 20012	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(Xd) COMPLETION DATE
	verify that an invest The other staff on been in the baser QMRP further indithis as an incident Client #4's allegation of abuse QMRP and LPN D that making false a Client #4's known: At approximately 6 whether the facility of physical abuse, to make a reference when she wrote he in the client's record about policies on reference about policies on reference about policies on reference about policies on reference and incident involved peer on pointividuals staff, The facility's Policies (manual) was reviea approximately 6:10 manual provided a included the following hour not line being served, an entroidents: Included which was marked	stigation had been initiated. duty at that time reportedly had nent with other clients. The sted that she had not viewed because she categorized on as a false accusation. In nurse had documented the end on an incident report. The esignated Nurse both stated accusations was not one of target behaviors. 105 PM, the QMRP was asked "s policy addressed allegations She replied that she planned the to Client #4's accusation or October QMRP Monthly Note d. When pressed further exporting such allegations, at essed doubt that their policies at report if when an allegation eer allegations: "not that's an incident." The policy addressed further exporting such allegations, at essed doubt that their policies at report if when an allegation eer allegations: "not that's an incident." The policy addressed further exporting such allegations, at essed doubt that their policies at report if when an allegation eer allegations: "not that's an incident." The policy addressed further exporting such allegations, at essed doubt that their policies at report if when an allegation eer allegations; "not that's an incident." The policy addressed further exporting such allegations, at essed doubt that their policies at report if when an allegation eer allegations; "not that's an incident." The policy addressed allegations are for the policy and	(W 149)			

Facility ID: 09G094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION SUMBER:		(X2) MULTIPLE CONSTRUCTION . A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER 0 05		•	69	EET ADDRESS, CITY, STATE, ZIF CODE US 9TH STREET, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 149}	incident which, due requires immediate investigation by, exinternal review and agency" Review of the Inciderevised 10/8/07, revised 10/8/07, revised 10/8/07, revised a Incident on the incident on the incident on the incident documenting all severity, as per the It should be noted the documented history two, some of which required treatment; For example, an incident the shoulder with litter broke the skin. Clie emergency room for antibiotic treatment.	Incident "A reportable to its significance or severity, notification to, and ternal authorities, in addition to investigation by the provider ent Management Policy, realed that "Allegation of its a Serious Reportable dent report form that was used incidents, regardless of facility's policy. That Clients #1 and #4 have a refaller of altercations between the led to serious injuries that at hospital emergency rooms, eldent report dated September presponding investigation by Client #1 bit Client #4 on the provocation. The bite ent #4 was taken to an immediate care and	{W 1	49}			
	3:05 PM, the QMRF agency's Director or reviewed their Incid all nurses, RDs, QM Management Coord	noted that at approximately and RD both stated that the FDisability Services had ent Management Policies with IRPs and the Incident allocator at a "program ting held Thursday, November				-	
	~*** ***************	-					
I				1			1

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) N A. BU B. Will	LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
NAME OF PROVIDER OR SUPPLIER CARECO 0.5 STREET ADDRESS, CITY, STATE 6934 9TH STREET, NW				EET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW VASHINGTON, DC 20012	11/0	7/2007	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO BE	(X5) COMPLETION DATE
{W 149}	Previously, the Ser findings included: Based on interview failed to establish a clients residing in the and #6) The findings included: 1. The facility failed of the State agency accordance with the policy, as follows: Cross-refer to W16 incident reports, in on September 25-four incidents of all source documents January 2007 and review of the facility interview failed to administrator and made aware of the Interview with the Qualified Mental R (QMRP) was conducted that staff were informed of the should have documented that staff were informed of the should have documented that staff were informed of the should have documented that staff were informed of the should have documented that staff were informed of the should have documented that the polymer incident report price QMRP stated that (DOH) was to be represented.	vand record review, the facility and/or implement policies to and safety of four of the six he facility. (Clients #1, #2, #4	(W 1	49}	1. See response to W125.		12/13/87

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF F	ROVIDER OR SUPPLIER		- · · · · · · · · · · · · · · · · · · ·	€i	REET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW VASHINGTON, DC 20012	1110	112001
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JI D EF	(X3) COMPLETION DATE
	Review of the facility policy on September were categorized in reportable incidents and injuries of unknown serious reportable in policy, staff were rethe case manager, parent or guardian frincidents. Incident recompleted on "all seand the incident report within 24 hour revealed that the fact notified the State agraceordance with its. 4. The facility failed implementation of the fits Incident Management of the fits Incident Management of the seand the incident Management of the fact of the fa	y's "Incident Management" or 26, 2007 revealed incidents to both reportable and serious a Allegations of abuse, neglect town source were identified as incidents. According to the quired to "immediately call" the DOH, and the client's for all serious reportable report forms were to be prious reportable incidents" for twas to be forwarded to the call the content of the survey call the content of the incidents. In	{W 1	49}	4. The QMRP and Residential Director the home from January 2007 – May 200 longer employed by the agency. The cu QMRP and RD were brought in to repla and have been trained thoroughly on incomanagement. See response to W122,	7 are no trent ace them,	12/13/07

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF B	POVIDER OR SUBSILIER	09G094				11/07	//2007
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	<u> </u>			W	ASHINGTON, DC 20012	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
{W 149}	and April 8, 2007 In and, the investigation allegation of abuse submitted for review Director of Operation	ge 9 cidents were investigated; on report for the May 14, 2007 documented that it was on May 24, 2007, and the ons signed it on May 25, 2007. FF TREATMENT OF	{VV 1				
	The facility must en mistreatment, negle injuries of unknown immediately to the	naure that all allegations of ect or abuse, as well as source, are reported administrator or to other noe with State law through ures.			See response to W149-		12/13/07
	Based on staff intermedical and hability of the facility's included facility failed to report the facility failed th	s not met as evidenced by: views, review of Client #4's ation records as well as review ent management policy, the ort all allegations of abuse in deral and state regulations and			, ·		
·	The finding include	S:					
. !	progress note in Clarcounselor" reported there had been an and a peer. On Oc Client #4 alleged the in the face. Intervisional the first reported the all The nurse then not further indicted that incident because slipping the course slipping incident section.	9. According to a nursing lent #4's medical chart, a d to a medication nurse that altercation between Client #4 tober 28, 2007, at 9:30 PM, at Client #1 had punched him aw with the QMRP revealed eclient, not a counselor, had legation of abuse to the nurse, iffed the QMRP. The QMRP is she had not viewed this as an accategorized Client #4's accoustaion. Neither she nor					

FORM CMS-2507(02-99) Previous Versions Obsolete

Event ID: C5KJ12

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X2) MULTIPLE CONSTRUCTION

STATEMEN	T OF DEFICIENCIES	O(s) DR di (la propinsi de la constante de la	T			CINE MO	<u>. 0938-0391</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF F	ROYDER OR SUPPLIER		•	6	REET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW VASHINGTON, DC 20012	11/4	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	U D RE	(X5) COMPLETION DATE
{W 153}	abuse on an incider agency policies. Fur review revealed no allegation was imme	ge 10 mented the allegation of treport, in accordance with orther interview and record evidence that Client #4's ediately reported to the orthe Department of Health as	{W 1	53)			
	各会的的	i i i i i i i i i i i i i i i i i i i					
	Previously, the Sept findings included:	ember 28, 2007 survey					
	failed to ensure all in and allegations of all reported to the admi in accordance with 5 DCMR Chapter 35,	and record review, the facility njuries of unknown source buse, were immediately inistrator and to other officials State law (DC regulation 22 Section 3519.10), for three of ng in the facility. (Clients #1,					
	The findings include	:					
	investigations on Se at 4:22 PM revealed provide evidence the	cility's incident reports and ptember 25, 2007 beginning that the facility failed to at the following incidents were at to the administrator and/or lealth as required:				,	
	#1 and #4 were in a resulted in Client #1 services to address a Review of the emergodated January 17, 20	physical altercation that Clients physical altercation that needing emergency medical an injury to his lower tip. Jency room consultation form 1007 revealed Client #1 his lower tip laceration.			1. a. See response to W149 #4.		72/13/07

FORM CMS-2567(02-88) Previous Versions Obsolets

Event ID: C5KJ12

Facility ID: 09G004

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DEFARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU	
I		09G094	B. WING		14/07	₹ 7/2007
NAME OF F	PROVIDER OR SUPPLIER		64	REET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW VASHINGTON, DC 20012	11101	112001
(X4) ID PREFIX TAG	(Each Deficiency	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL 9C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DAYS
{W 153}	Continued From pa	ge 11	(W 153)			
	was verbally aggree #4. According to the was kicked by Clien Client #1 on the left.			1.b. See response to W149 #4.	,	12/15/07
(W 154)	463.420(d)(3) STAF CLIENTS The facility must ha violations are thorog	ve evidence that all alleged	(W 154)	See response to W149		12/13/67
	Based on staff inter medical and habilita of the facility's incid- facility failed to inve	s not met as evidenced by: views, review of Client #4's ution records as well as review ent management policy, the stigate all allegations of abuse federal and state regulations. #3, #4, #5)				
	The finding Includes	a:				
	progress note in Cli "counselor" reporter there had been an a and a peer on Octol medication nurse do the client and found	B. According to a nursing ent #4's medical chart, a of to a medication nurse that altercation between Client #4 ber 28, 2007. At 9:30 PM, a pocumented having assessed no sign of injury. The nurse hister Tylenol 650 mg that fiter the altercation.				
	revealed that she had (October 28, 2007), dining room. According	07, beginning at PM, interview with the QMRP ad been onsite that evening working with Client #1 in the ding to the QMRP, Client #4 nurse that Client #1 had	.	·		

FORM CMS-2567(02-69) Previous Versions Obsolete

Event ID: C5KJ12

Facility ID: 09G094

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PRINTED: 11/19/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES QMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING. 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (25) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) (W 154) Continued From page 12 **fW 154** punched him in the face. The nurse promptly came to the dining room and notified the OMRP She said Client #4 had not told anyone about the alleged attack before the nurse arrived. Careco's Policies and Procedures Manual (manual) was reviewed, beginning at approximately 6:10 PM. "Allegation of abuse" Was listed, or categorized as a "Serious Reportable Incident," A Serious Reportable Incident was defined as: "A reportable incident which, due to its significance or severity, requires immediate notification to, and investigation by. external authorities, in addition to internal review and investigation by the provider agency..." The QMRP reportedly interviewed the two clients: however, there was no written documentation. available to verify that she had initiated an investigation. She said she had not interviewed the other staff person who was onsite that evening. There was no evidence that Client #4's allegation of physical abuse was thoroughly investigated by the QMRP. Because it was not reported up the chain of command within the agency, there had been no administrative investigation performed by the incident Management Coordinator in accordance with facility policies, nor were investigation(s) conducted by outside entities as mandated by regulation. It should be noted that Clients #1 and #4 have a documented history of altercations between the two, some of which led to serious injuries that required treatment at hospital emergency rooms. For example, an incident report dated September 30, 2007 and its corresponding Investigation

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report, described how Client #1 bit Client #4 on

Event (0: C5KJ12

Facility ID: 09G094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S	URVEY
			A BUILDIN	<u> </u>	COMPLI	ETED
		09G094	B. WING.	<u> </u>	1	R .
NAME OF F	ROVIDER OR SUPPLIER 0 05		69	EET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW /ASHINGTON, DC 20012	1 11/0	7/2007
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOUS CROSS-REFERENCED TO THE APPROPRIES OF THE PROPERTY OF THE PROVIDER OF THE PROPERTY OF THE PROPERTY OF T	HID BE	(XS) COMPLETION DATE
{W 154}	broke the skin. Clie	tle provocation. The bite ent #4 was taken to an or immediate care and	{W 154}			
	findings included: Based on interview failed to ensure that neglect were thorough	tember 28, 2007 survey and record review, the facility t all allegations of abuse or ighly invostigated, for two of ing in the facility. (Clients #1		,		
	investigation was coabuse, as follows: Review of the facility investigations on Seat 4:22 PM, revealer reported that Client his roommate Client report. Client #1 kiel Client #1 on the left. An "Incident Summa completed for the at Review of the summa documented only two of the actual incident There was no evider statements had bee	to ensure a thorough producted for all allegations of conducted for all allegations of the conducted for all allegations of the conducted for all allegations of the conducted for all allegations of conducted for allegations of conducted for allegations of conducted for allegations of conducted for all allegations of conducted for all allegations of conducted for all allegations of conducted for all allegations of conducted for allegations of conducted for all allegations of conducted for allegations of conducted		2. See response to W122 and W125.		12/13/07

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		SELECTION OF OFFICE OF				OMB NC	<u>), 09</u> 38-0391
STATEMEN AND PLAN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING LDING	E CONSTRUCTION	(X3) DATE (COMPL	SURVEY
	·	D9G094	Ð, WIN	lG		447	R
CAREC	PROVIDER OR SUFFLIER O 05		,	693	ET ADDRESS, CITY, STATE, ZIP CODE 84 9TH STREET, NW ASHINGTON, DC 20012		0 7/2 007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D EE	(X5) COMPLETION DATE
{W 154}	no documentation in had been substantis the time of the survive vidence that the af been thoroughly inv 483.430(a) QUALIF RETARDATION PRESCRIPTS active integrated, coordinated	ndicating whether the incident ated or unsubstantiated. At ay, the facility failed to show orementloned incident had estigated.	{W 1!				
	This STANDARD is Based on observation review, the Qualified Professional (QMRF previously-identified support needs, for the residing in the facility. The findings include 1. The September 2 had revealed inconstruction, without expendiction, without expendiction, without expendiction of the smoking plan and color monitoring by the QIP revisit revealed contimplementation of the smoking plan and color monitoring plan and color monitoring plan and color monitoring plan and color monitor an effect follows: a. Even though the information only have the recommended by the	in not met as evidenced by: on, interview and record if Mental Retardation if falled to respond timely to active treatment and/or note of the five clients y. (Clients #1, #2 and #3) is: is: is, 2007 recertification survey istent implementation of inded cigarette smoking idence of coordination and italified Mental Retardation in The November 7, 2007		re in ce is pr	a. The QMRP will request the Psychology chiatrist, and Primary Care Physician ecommend behavioral and medical (if noterventions to assist the client in smoking essation. Effective strategies must menopostant demands and resulting behavior frustrated by not being able to smoke, a revent him from haming himself, other toperty, and must include, but go beyon smoking schedule.	to ceded) ng ge his s when he and must	12/13/07

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING R B, WING. 09GQ94 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY {W 159} Continued From page 15 {W 159} brother, he was observed smoking his third cigarette before departing for day program on the morning of November 7, 2007 and key staff were without clear instructions on how to address the īssue. At 6:54 AM, Client #1 was observed on the front porch smoking a cigarette. At 7:18 AM, the client asked the Resident Director (RD) for a cigarette. The client smiled as he told the RD that he had not yet had a cigarette that morning. The RD said he thought that he had already smoked one. Nevertheless, the RD gave the client another cigarette and he smoked it on the front porch. At approximately 8:02 AM, Client #1 came back to the RD and asked for cigarettes. The RD asked him to wait but then gave him another cigarette after he complied with a request to insert his dentures. The client smoked it (his third that morning) at approximately 8:10 AM. At B:24 AM. the clients and staff loaded onto the van and left for day program. According to the RD, Client #1 took a cigarette with him to smoke during a break at day program. At approximately 10:04 AM, the QMRP stated that Client #1"can only have three cigarettes per day," as recommended by the cardiologist and agreed to by the primary care physician and the client's brother. b. The QMRP and Client #1 had not established 1.b. See response to 1.a above. a set schedule. At 10:12 AM, the QMRP indicated that the client normally smoked a cigarette after breakfast, another one after lunch and a third after dinner. Two minutes later, however, she acknowledged that this had "not been outlined in a written schedule." Interview with the RD later, at approximately 1:40 PM. revealed that the client had been taking two

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cigarettes with him to day program daily, whereas

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CENTERS FOR MEDICARE & MEDICAID SERVICES	

PRINTED: 11/19/2007 FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED a. Building 8. WING 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 16 {W 159} {W 159} the QMRP expected him to take only one. Conversation between the RD and Client #1 prior to day program departure indicated that the client also expected to take two cigarettes with him to day program. c. Client #1's Behavior Support Plan (BSP), 12/3/07 1.c. See response to 1.s. above, which had expired on September 18, 2007, did not provide direction to staff on how to address the smoking issue. During the revisit, a staff person was observed offering him a cigarette as a reward for complying with a request to insert his dentures as instructed. On November 7, 2007, at approximately 8:02 AM. Client #1 approached the RD and asked for cigarettes. The RD replied he would give them to him when he got on the van to go to day program. He told the client that it was too early and he was trying to help him to curb his smoking. The RD then asked him to Insert his dentures. After the client hesitated, the RD said "I'll work with you, work with me" and then offered to give the client another cigarette if he put in the dentures. At 8:09 AM, the client returned to the dining room wearing his dentures and the RD gave him a cigarette. He promptly smoked it outdoors. At approximately 10:14 AM, the QMRP indicated that she had addressed the topic with staff at an October 20, 2007 training session. At 10:15 AM, When asked at what point would it be acceptable for staff to allow him to smoke more than three cigarettes, the QMRP stated that was "not acceptable." When asked If a cigarette could be offered as a reward for complying with a request, she replied "cigarettes are not a reward. No. We reward him in other ways," The QMRP then

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acknowledged that the BSP had expired. She

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING. 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NY CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (W.159) Continued From page 17 {W 159} expressed an expectation that an updated BSP would be available for review at the client's upcoming annual ISP meeting, scheduled for November 16, 2007. It should be noted that review of the facility's Human Rights Committee minutes for a meeting held on November 30, 2006 revealed that the committee had recommended that Client #1's BSP be updated. The BSP, however, had not been updated since the committee made the recommendation 11 months earlier. d. Facility staff documented at least two recent 12/13/07 1.d. (1) See response to 1.a. above. behavioral outbursts, including one incident that led to client injury, that were cigarette-related, as follows: (1) On November 7, 3007, at 9:14 AM, the RD indicated that Client #1 had bitten Client #4 recently. It had broken the skin therefore they took Client #4 to an emergency room for a tetanus shot. An incident report documented the bite had occurred on September 30, 2007. The corresponding investigation report, dated October 2, 2007, indicated that Client #1 had been angry because he didn't have cigarettes. When his then-roommate Client #4 asked him to be quiet and go to sleep, he came over to Client #4's bed and bit him on the shoulder. The investigation listed four recommendations, including "Make sure <client's name> has required amount of cigarettes as recommended by medical doctor." Observations and interviews during this revisit failed to show evidence that staff were effectively implementing the recommendation.

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(2) At approximately 10:55 AM, review of Client

#1's BSP revealed that it had expired on

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1.d.(2) See response to 1.a. above.

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PRINTED: 11/19/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G094	B. WI	NG		11/07	?/2007
NAME OF P	ROVIDER OR SUPPLIER			6:	EET ADDRESS, CITY, STATE, ZIP CODE 934 9TH STREET, NW /ASHINGTON, DC 20012		
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{W 159}	September 18, 200 identified seven like maladaptive behaving aggression, verballoud tone of voice in had no cigarettes a due to task/ activity (3) At approximated LPM Designated North report, dated Octob documented the olihis morning medical Summary Report, or revealed that staff is second cigarette at The client then become and seven in the procession of the client then become and the seven in the client then become aggression.	7. The functional analysis ely antecedents for his targeted lors (non-compliance, verbal threats, crying and using a adoors), including when he nd when he could not smoke involvement. y 1:45 PM, the QMRP and the urse presented an Incident ler 24, 2007. The nurse ent's repeated refusals to take ations. Review of the Incident leted October 25, 2007, and refused to give him a and referred him to the nurse. The angry and refused to se's requests (three times) to	(W 1	59)	1.d.(3) See response to 1.a. above.		12/13/07
	had revealed that the system to ensure coperate their TV resolution (MRP) had been used 2007 revisit reveale establish a system follows: On November 7, 20 asked about his telethe remote (market)	28, 2007 recertification survey the QMRP failed to establish a blents had batteries available to mote controls. Specifically, was without batteries and the naware. The November 7, and continued failure to to address this need, as 2007, at 5:16 PM, Client #2 was existen remote. He retrieved it with his name) from his on revealed that the battery			2. The QMRP will provide an active trea program for the person where he will but purchase of batteries; alert staff when his are low, so that they can be discarded; and buy and insert new batteries in the remotions.	dget for s batteries	12/13/07
	compartment was e said the remote had September 28, 200 surprised to see it r	empty. The QMRP and RD if been "lost" after the 7 survey and they were eappear that afternoon. The t Client #2 with buying new					

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Event ID: C5KJ12

Facility ID: 09G094

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STATEMEN	T OF DEFICIENCIES DE CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA	(X2) M	ULTI	PLE CONSTRUCTION	OMB NO	M APPROVE D. 0938-039
7.5	o. Goldren 110M	IDENTIFICATION NUMBER:	A. BUI			(X3) DATE COMPI	SURVEY L ET ED
		09G094	B. WIN	1G _			R
NAME OF I	ROVIDER OR SUPPLIER		'- -	STR	EET ADDRESS, CITY, STATE, ZIP CODE	11/	07/2007
CARECO	0 05			8	934 9TH STREET, NW /ASHINGTON, DC 20012		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	10				
PREFIX TAG	I LEVEL DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFD TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLÉTIC DATE
W 159}	Continued From pa	age 19	DA/ 45	-01			
	batteries that eveni	ing during a community walk.	(W 15	(e c			
	3. Cross-refer to V	V212. The September 28,			-		12/13/
	QMRP failed to ensussessment of Clie conditions/ needs.	survey had revealed that the sure comprehensive onts #1 and #3's psychiatric On November 7, 2007, at 3:27 ted that neither client had		[]	 The QMRP will schedule a comprehen psychiatric evaluation for the people who consult. 	sive need this	
	************	d psychiatric evaluation.					-
Based or review, the Profession treatment and integral in the factors.	Based on observation review, the Qualifler Professional (QMRP treatment services y	·					
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. Observation of C evealed the client s he client's medical r 2007 at 8;34 PM rev onsultation report ti ecommendations in	ellent #1 throughout the survey moked eigarettes. Review of records on September 27, realed a cardiology			1. See response to W159.		12/13/07
2	.censed Practical N 7, 2007, at 1:58 PM agarding Client #1's	cted with the designated urse (LPN) on September I, to ascertain Information smoking practices, se, there was no schedule			·		

Facility (D: 09G094

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G084	B. WI	۱G_		4	R 7/7007
CARECO				6	REET ADDRESS, CITY, STATE, ZIP CODE 1934 9TH STREET, NW VASHINGTON, DC 20012	1 11/0	17/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (BACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DULD BE	(X5) COMPLETION DATE	
{W 159}	Implemented to ass tobacco intake. The was given \$5.00 we cigarettes. The nur client maintained his On September 26, 3 was seen taking a contract the Resident Direct was on a schedule, 4 cigarettes per day 1 after breakfast, 1 at 4:00 PM, 1 after It takes 1 to day progrindicated that the client received cigaretacility (exact source reportedly became a smokes; he knew the	ist the client with reducing his nurse stated that the client ekly that he used to purchase se further indicated that the	{W 1	59)			
	Interview was condu September 27, 2007 Client #1's smoking that no schedule had Client #1 with a redu On September 28, 2 interview with the RI	icted with the QMRP on , seeking further clarity about practices. The QMRP stated dibeen implemented to assist action on his tobacco intake. 2007, at 6:20 PM, a fellow-up of indicated that he had lient #1's brother, in a					
1	telephone conversation and staff were cigarette issue he cigarettes a day whis doctor's orders a staff, pocket books his day program too. support staff person	Jon just minutes earlier. The really struggling with the son a set number of need to do something with and IHP he has stolen from Iknow that he smokes at At 7:11 PM, a direct approached the RD and S's cigarettes. The RD	-		·	•	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED

STATEMEN AND FILAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	ULTIPLE CONSTRUCTION	(X3) DATE:	
						R
		09G094	B. WIN	G	11/	07/2007
CAREC	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 6934 9TH STREET, NW WASHINGTON, DC 20012		<u> </u>
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	informed him that it and did not have in told the staff that O some of his with C him that he'll run or smoke partner." We Client #1's cigarett pack out of his poor adding "they are not adding they	Client #3 was out of cigarettes name to purchase more. He client #1 was free to share lient #3 if he wanted, "but tell out faster with sharing with his when the staff asked where as were kept, the RD pulled a cket and handed it to the staff, ow in his possession." urvey, the QMRP falled to sciplinary team review of the lated needs, to address the nameholation for a reduction in the later was a system to batterles available to operate	{W 15		(p.14)	12/13/07
RM CMS-258	7(02-99) Previous Versions	Obsolete Event ID: CSKJ12		Facility ID: DBG084	 _	<u> </u>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED

STATEMEN	IT OF DEFICIENCIES	(X1) RECVENERATION OF THE COLUMN	27-1			<u> </u>	<u>0. 0936</u> -0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE : COMPL	SURVEY
·		09G084	B. Wil	NG_			R
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	T		11/6	07/2007
CAREC	O 05			15	REET ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	T	i	NASHINGTON, DC 20012		
PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
(W 159)	1		{W 1	69 <u>}</u>			
	acknowledged that	for his remote. She also there had been no budget the client with planning for					
(W 212)	3. Cross-refer to W212. The QMRP failed to ensure comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN		{W 2	12}	3. See response to #3 above. (p. 20)	12/13/67
•	The comprehensive identify the presenting and where possible,	functional assessment must ng problems and disabilities their causes.					
	falled to ensure a co assessment had bee two clients (out of the sample who were on	not met as evidenced by: and record review, the facility imprehensive psychiatric an conducted for both of the ree sampled clients) in the ascribed psychotropic avior management. (Clients	•		See response to #3 above.		12/13/07
	The findings include:						
	had revealed that the comprehensive asse #3's psychiatric cond 7, 2007, at 3:27 PM, neither client had recevaluation. The conswas attending an out further indicated that meeting was schedul review all individuals medications." It shounds	2007 recertification survey a QMRP failed to ensure sament of Clients #1 and itions/ needs. On November the QMRP stated that eived an updated psychiatric rulting psychiatrist reportedly of town conference. She a November 21, 2007 ed with the psychiatrist to on psychotropic rule be noted, however, that linary team was scheduled					

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DEPAR	RTMENT OF HEALTH	I AND HUMAN SERVICES				PRINTED	: 11/19/2007
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			-	FORM OMB NO	APPROVED . 0938-0391
	NT OF DEFICIENCIES: OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	'	IULTIPLE ILDING	CONSTRUCTION	(X3) DATE S	URVEY
		09G094	B' MIV	NG			R ·
NAME OF	PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	11/0	7/2007
CAREC	Ó 05			6934	9TH STREET, NW SHINGTON, DC 20012		
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(W 212)	to meet before ther review an update hi	i, on November 16, 2007, to is annual plan.	{W 2	12}			
	Previously, the Sep findings included;	tember 28, 2007 survey .					
	failed to ensure a or assessment had be two clients (out of the sample who were p	and record review, the facility omprehensive psychiatric en conducted for both of the tree sampled clients) in the rescribed psychotropic avior management. (Clients					
	The finding includes Interview with the R				•		
	both Clients #1 and medications to addr This was verified the evening medication 25, 2007. Client #1' dated September 25 of Intermittent Explodate of diagnosis not the Qualified Mental	#3 received psychotropic ess maiadaptive behaviors. rough observation of the administration on September s Annual Medical Evaluation, 5, 2007, reflected a diagnosis sive Disorder (source and t indicated). Interview with Retardation Professional					
(W 225)	records on Septembevidence of a comprassessment that do diagnosis and justific psychotropic medical	of Clients #1's and #3's per 27, 2007 failed to provide chensive psychlatric cumented sach client's Axis I ed the use of the prescribed attoris.				:	·
(** 220)	•	NVIDUAL PROGRAM PLAN	{W 22	25}	The QMRP and DoDS will provide comprehensive vocational assessme	; the ent	12/13/07
		functional assessment must					1
'KM CM8-25	57(02-99) Previous Versions 0	Disolete Event ID: C5KJ12	_	Feelfty II	0: 09G094 If continu	lation sheet I	24 of 29

② 027 ② 051

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2007 FORM APPROVED

STATEMEN	T OF DEFICIENCIES	(X1) PROMPTONIONI			**	OMB NO	<u>2. 0938-0391</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		TIFLE CONSTRUCTION ING	(X3) DATE COMP	
		096094	B. Wil	NG		111	R 07/2007
CAREC	PROVIDER OR SUPPLIER D 05		· · · · · · · · · · · · · · · · · · ·	ĺ	TREET ADDRESS, CITY, STATE, ZIP COE 6934 9TH STREET, NW WASHINGTON, DC 20012		0//200/
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHMU n se	COMPLETION DATE
(W 225)	Continued From par include, as applicab		{W 2	25]	}		
	falled to ensure that comprehensive voc	ational assessments as the three clients in the					
	had revealed that the comprehensive voca #2. On November 7 AM, Client #3 told the going to day program shopping "instead." In the nurse's office, Clipb." Minutes later, the normal table and begat approximately 7:46 In the company of the proximately 7:46 In the company of the	2007 recertification survey e QMRP failed to ensure a ational assessment for Client 7, 2007, at approximately 7:15 als surveyor that he was not in that day; he was "going At 7:37 AM, while seated in alient #3 stated "I want another the client sat at the dining an ealing breakfast. At			-	·	
	ha said "I want a new At 3:30 PM, the Qua Professional (QMRP #3's day placement program had "moved days per week, On he was performing jacommunity gym. Shooth said the client habout wanting a new acknowledged that Comprehensive voca review confirmed this	v job." lified Mental Retardation) was asked about Client She said his vocational i him" to another location two Tuesdays and Wednesdays					

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STATEMENT OF DEFICIENCIÉS AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING R 11/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012	DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE FORI	D: 11/19/2007 M APPROVED
NAME OF PROVIDER OR SUPPLIER CARECO 65 SUMMANY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LISC DENTIFYING IMPORMATION) PROVIDER SPLAN OF CORRECTION REGULATORY OR LISC DENTIFYING IMPORMATION) CONTINUE AND ASSESSMENT AND THE CORRECTION ASSESSMENT AND STANDARD OF CORRECTION AS THE RESULT OF THE ASSESSMENT AS A TITN SHOULD BE CRUSS-SHERE IN THE ASSESSMENT AS A TITN SHERE THE TITN SHERE THE ASSESSMENT AS A TITN SH	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE	0_0938-0391 SURVEY
CARECO 65 STREET ADDRESS, CITY, STATE, ZIP CODE 934 STR STREET, NW WASHINGTON, DC 20012 PROVIDERS (CACH DEFICIENCY MUST BE PRECEDED BY FULL TARK (CACH DEFICIENCY MUST BE PRECEDED BY FULL THE FOLIATION OF THE APPROPRIATE PROVIDERS IN A FULL THE FOLIATION OF THE APPROPRIATE (W 225) CONTINUED IN THE APPROPRIA	NAME OF S	PROMOTE OF SURFILLE	09G094	1				R
Prepare Table 1					s	6934 9TH STREET, NW		
Continued From page 25 since at least 1992. There was no evidence that the facility had sought a comprehensive vocational assessment, describing the client's current interests, strengths and needs. [Note: In follow-up to the last survey, the QMRP stated that Client #2's interdisciplinary team was scheduled to meet November 15, 2007 for a case conference to discuss his day placement.] Previously, the September 28, 2007 survey findings included: Based on observation, interview and record review, the facility failed to ensure that clients received comprehensive vocational assassments as indicated, for one of the three clients in the sample. (Client #2) The findings include: On September 27, 2007, at approximately 8:15 AM, the Resident Director (RD) stated that Client #2 performed volunteer work in the clining area of a nursing home. The RD indicated that he had just been informed by Client #2's job coach that the client had done so well during the "trial period" that the nursing home vanied him to confinue there on a permanent basis. The job coach reportedly planned to inform the client's government case worker of his work performance and recommend that he remain at that location. Client #2 was observed at his day placement on September 27, 2007, beginning at 9:67 AM. The	PREFIX	(LEACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR	11 15 15 15 15 15 15 15 15 15 15 15 15 1	COMPLETION DATE
client placed eating utansils in individual plastic		since at least 1999, the facility had soug vocational assessm current interests, stream outrent interests, stream output that Client #2 scheduled to meet N conference to discussion output outp	There was no evidence that ht a comprehensive ent, describing the client's rengths and needs. To the last survey, the QMRP is interdisciplinary team was lovember 15, 2007 for a case as his day placement.] Therefore, 2007 survey The interview and record lied to ensure that clients sive vocational assessments of the three clients in the rector (RD) stated that Client are work in the dining area of a RD indicated that he had by Client #2's job coach that o well during the "trial period" e wanted him to confinue the basis. The job coach inform the client's river of his work performance he remain at that location.	{W 2	125	DEFICIENCY)		
ZM CMS 2587/02-000 Perulawa Van		September 27, 2007, client placed eating u	beginning at 9:57 AM The					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIP	LE CONSTRUCTION	1 .	: 0930-039 BURVEY
		DENTIFICATION NUMBER;	A BUILDING	<u> </u>	COMPLETED	
1 L		090094	B, WING	······································	CODE CORRECTION CON SHOULD BE HE APPROPRIATE COMPLETED (X5) COMPLETION CASE	
NAME OF	PROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 11/0	17/2007
CAREC			69	34 9TH STREET, NW ASHINGTON, DC 20012		
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{W 225}	Continued From partiage. He did so will job coach or his per he and three other valued the eating utilized the eating utilized the eating utilized the eating utilized water, at the residunch. The coach day best workers." #2 had been volunted 1 month, "preparing stated that the client polite." The job coach indicaperiod was schedule (December), however to stay because he peers did not earn at their work. They wo Monday-Friday, between the firm of the client and asked "I'm goling right?" After the client acknowledged that in him. She said that was motivated, she thought more motivated if he time, there was only area, the nursing ho This was verified a finiterview with the surpaid employee. She "enjoys his work and At approximately 10:	ge 26 thout any assistance from his ers. His job coach stated that volunteers with disabilities tensils, along with napkins and idents' place settings before escribed the client as "one of According to the coach, Client eering there for approximately him for employment." She twas "well-mannered and etad that Client #2's trial ed to end in 3 months er, she would "try to get him is very good." He and his stipend or receive a wage for lunteered at this work site ween 9:00 AM - 2:00 PM. #2 approached the job coach go make more money, and walked away, the coach money meant something to while he was already ght that he "would be even e got a check in hend." At the one paid staff in the dining me's dining norm supervisor, ew minutes later through pervisor. She was the sole also confirmed that Client #2 I is doing well."	{W 225}		RUPHIA (b.	UATE
	that to date, she had Mental Retardation F neither individual had	not met either the Qualified Professional (QMRP) of RD; I visited the current setting. Client #2's strengths, the				

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DEPARTMENT OF HEALTH A	ND HUMAN SERVICES
CENTERS FOR MEDICARE &	MEDICAID SERVICES

I	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL(A	CTDV -			TOMP IAC	<u>7. 093</u> 8-0391
I	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:					
l			09G094	B. WI	NG_		COMPLETED R 11/07/2007 RESS, CITY, SYATE, ZIP CODE STREET, NW GTON, DC 20012 PROVIDER'S PLAN OF CORRECTION ACH COMPLETIVE ACTION SHOULD BE	
Γ	NAME OF F	ROVIDER OR SUPPLIER	DISNTIFICATION NUMBER: 09G094 STREET ADDRESS, CITY, SYATE, ZIP CODE 8934 9TH STREET, NW WASHINGTON, DC 20012 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OF THE APPROPRIATE LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION DECREOSED ACTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION DECREOSED ACTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFYING INFORMATION DECREOSED ACTION (EACH CORRECTIVE ACTION SHOULD BE OFFI LSC IDENTIFY ACTION SHOUL	07 <u>/</u> 2007				
	CARECO	05	·	•	E19	934 9TH STREET, NW	,	-
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST RE PRECEDEN AV 6 111	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	UIDAE	(XS) COMPLETION DATE
		perform most tasks independent in silve much everything." I client as distractible currently employable. Later that day, the F about Cilent #2's dat RD confirmed that h performing work tas approximately 5:29! acknowledged that swork site. She did, I received a telephone the previous day. TI client was "doing we the other clients wern December, they warnursing home and a planned for within the discuss the proposal vocational assessmeshe did not know whosen performed. On September 28, 2 review of Cllent #2's evidence that he had vocational assessmeshe did not know whosen performed. On September 28, 2 review of Cllent #2's evidence that he had vocational assessmeshe did not know whosen performed that he had vocational assessmeshed in the common dian for the coming y recommendation to "recommendation to"	after one demonstration is after one demonstration is after one demonstration is a ware, wiping tables, pretty dowever, she described the When asked if he was a, she responded "yes." AD and QMRP were asked y placement. At 5:24 PM, the le had not observed the client ks at the current location. At PM, the QMRP also the had not visited the current however, report having a call from the job coach on the coach reported that while a leaving the work site in the difference was a conference was a coming month (October) to When asked about a cent, the QMRP stated that ether an assessment had a correct falled to show I received a comprehensive and to determine his interests, and April 30, 2007) that was at the was a "very hard "verbal prompts throughout task." The day program.	{W 2	25}			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/19/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G094 NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CAREÇO 05 8934 9TH STREET, NW WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE m PRÉFIX PREFOX (X5) CDMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {W 225} Continued From page 28 {W 225} to "at least 2 community-based employment opportunities per quarter." If should be noted that further interviews with Client #2 and residential staff confirmed that money was important to the client and that he enjoyed making purchases. According to the RD, the client was responsible for purchasing batteries for such items as his TV remote control. At the time of the survey, there was no evidence that Client #2's interdisciplinary team had a comprehensive vocational assessment, describing the client's current interests, strengths and needs, available for discussion at the upcoming case conference. It was proposed to keep the client placed in a volunteer position with no opportunity for advancement to a paid position of employment It should be further noted that on September 28, 2007, at 4:51 PM, Client #2 enthusiastically declared to that he had received a paycheck that day. Payment was for "contract work" that he had performed during a recent period he apent working at a sheltered workshop, and not at the volunteer work site.

FORM CNS-2587(02-88) Previous Vorsions Obsoleta

Event ID: C5KJ12

Facility ID: 09G094

If continuation sheet Page 29 of 29

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AND PLAN	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI 09G094	IER/CLIA UMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	1	
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{1 000}	INITIAL COMMEN	Tş		{ 000}			
	 2007 to determine previous deficiencial 2007. The findings observations, internadministrative staff 	was conducted on he the facility's complete cited on September of this survey were views with direct supplied and clients, and the incident reports and ords.	oliance with ber 28, based on oport and		·		
{ 042}	3502.2(b) MEAL S	ERVICE / DINING A	REAS	{ 042}			
	Modified diets shal	l be as follows:					
	(b) Planned, prepa who have received and	red, and served by it Instruction from a d	ndīvīduals lietitian;				
	Based on interview falled to ensure the residents were traineresidents' dietary n	met as evidenced by and record review, at all persons working ned to effectively me eeds, for 4 of the 6 refits, #3, a	the facility g with set the residents				
	The finding include	·\$:				•	
	Correction, signed provider Indicated t provide "appropriat to all facility staff" b However, review of	oitted a written Plan of October 25, 2007, in that the Nutritionist was the dietary management by November 2, 2007 staff in-service train	n which the vould ant training 7. ning				
	records and intervie Retardation Profest revealed that trainin The QMRP stated t	ews with the Qualific sional on November ng had not yet been that the NutritionIst v de additional training	ed Mental 7, 2007 provided. vas		·		
ith Regula	tion Administration						
Mua	6 4 Hu	MADAN DER/SUPPLIER REPRESEI	NTATIVE'S SIGI	NATURE DI	icion of phrability	1.	(X8) DATE
TE FORM						orbices	12//3/

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If continuation sheet 1 of 20

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NULL OPG094	MBER:	A. BUILDING B. WING		(X3) DATE SUR COMPLET R 11/07	ED
NAME OF P	ROVIDER OR BUPPLIER	-		RESS, CITY, 5' STREET, NY	TATE, ZIP CODE		
CARECO	05			TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATÉMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	OLD BE	(X5) COMPLETE DATE
{1 042}	Continued From pa	age 1		[1 042]			
	***********	·					
	Previously, the Septindings included:	otember 28, 2007 su l	√ey		•		
	review, the facility the working with residents meet the residents	ion, interview and re- falled to ensure that a ents were trained to e dietary needs, for 4 in the facility. (Client	all persons effectively of the 6				
	September 25, 200 on September 26, residents were ser #3, #4 and #5 were diets. In addition, prescribed reduced 1500, respectively) 2007, review of the who were prescribe reduced calorie (15 skim milk. On Septiaff in-service trail evidence of recent and/or prescribed documented training February 16, 2006 who attended that was still employed evidence that the irresponsible for owitems, had receive	rerved in the facility of 27 and breakfast was 2007. At both meals ved 2% milk. Reside all prescribed low of Residents #1, #3 and calorie (1800, 1800) diets. On September menu revealed that ed low cholesterol ar 500, 1800) diets were training on Nutrition diet plans. The mosing had been provider and only one of the session (19 months by the GHMRP. The Residence Director, verseeing the purchased training by the Nutrition diet plans was changed.	s observed s, all six ents #1, cholesterol d #5 were d and er 28, residents ad/or e to have view of d no menus t recent d on employees earlier) ere was no who was ee of menu intionist,		1. The Nutritionist will provide training staff, including the Residential Directs	ig to facility or (RD).	12/13/67
		liet plan was change to reflect a restriction					

Health Regulation Administration

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If conditionadon sheet 2 of 20

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STATEME AND PLAN	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	IR/CLIA MBER:	A. BUILDI		(X3) DATE S COMPL	ETED
		09G094		B. WING	·		R
NAME OF	PROVIDER OR SUPPLIER		STREET AL	DRESS, CITY.	STATE ZIP CODE	11/0	7/2007
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{I 04Z}	Continued From pa	ge 2		{ 042}			
	fluid intake. As per and primary care ph was not to exceed a newly-established s should receive 6 oz after return home for September 26, 2000 was observed drink	orders from the nepl hysician, his total fluid 1200 cc's dally. A schedule indicated that with his afternoon srom the day program. 7, at 4:21 PM, Reside ing a 16.9 oz bottle of C. He finished the bo Subsequent review	d intake at he hack, On ent #1 if spring ttle in		2. The Director of Disability Services (I provide training to the Designated Nurse QMRP, and RD on ensuring that community and documentation is coordinated and athereby providing better compliance with recommended health service delivery.	e (DN), unication	12/13/67
	It should be noted the PM, review of the resign of the Design 6 oz for the afternoos aid the resident had Subsequent interviem of the Resident Resident Resident spring water. It remarks the 16,9 oz of 3503,2 BEDROOMS Each bed shall be played from any unprotected This Statute is not maked on observational falled to ensure that least 36 inches apart The GHMRP submitted.	isident's fluid intake of ated Nurse had documented Nurse had documented Nurse had documented Nurse had documented Nurse had been given 6 oz of we revealed that neith lence Director was put #1 had taken a bottle ained Unclear whether water and 6 oz of juic AND BATHROOMS acced at least three feeled radiator. The tas evidenced by and interview, the of two residents beds with the control of two residents and the sidents was and interview.	chart Imented ed, she juice er the reviously e of er he ce. eet (3 ft.) t (3 ft.)	{ 071 }	The RD will move the bed to meet the requirement	distance	12/13/07
	Correction, signed Or tion Administration	ctober 25, 2007, in w	hich the				

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If continuation sheet 3 of 20

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2007

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(1071) Continued From page 3 provider indicated that administrators would "review the physical settling and determine how to manage the space requirements." However, observation of the bedroom on November 7, 2007, at approximately 9:20 AM, revealed that the two beds remained in the same position. [Note: At 9:13 AM, the Resident Director stated that Residents #5 and #1 had switched bedroome since the last survey.] Previously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.5 Inches away from Resident #4's bed. This beds remained in their same position on September 20, 2007, at 7:00 PM. (1 090) 3504.1 HOUSEKEEPING The interior and exterior of each CHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NO		R/CLIA MBER:	A. BUILDIN		(X3) DATE COMPI	LETED	
STREET ADDRESS, CITY, STATE 2P CODE SAMENY STATPHENT OF COMMERCENTY, WASHINGTON, DC 20012 FREETX TAG CONTINUED From page 3 provider indicated that administrators would review the physical setting and determine how to manage the space requirements.* However, observation of the bedroom on November 7, 2007, at approximately 9:20 AM, revealed that the two bods remained in the same position. [Note: At 9:13 AM, the Resident Director stated that Residents #5 and #1 had switched bedrooms since the last survey.] Proviously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.6 inches away from Resident #4's bed. The beds remained in the rims ame position on September 28, 2007, at 7:00 PM. (1090) 3504.1 HOUSEKEEPING The Interior and exterior of each CHIMRP shall be maintained in a setle, clean, orderly, streactive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute Is not met as evidenced by: Based on observation and interview, the GHIMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHIMRP submitted a written Plan of			09G094		B. WING			
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provider indicated that administrators would "review the physical setting and determine how to manage the space requirements." However, observation of the bedroom on November 7, 2007, at approximately 9:20 AM, revealed that the two beds remained in the same position. [Note: At 9:13 AM, the Resident Director stated that Residents #5 and #1 had switched bedroome since the last survey.] Previously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.5 Inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. [1 090] 3504.1 HOUSEKEEPING The interior and exterior of each CHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manuar and be free of accumulations or dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY F TAG REGULATORY OR LSC IDENTIFYING INFORMAT				PREFIX	(EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE	SHOULD BE	(X5) COMPLETE DATE
"review the physical setting and determine how to manage the space requirements." However, observation of the bedroom on November 7, 2007, at approximately 9:20 AM, revealed that the two beds remained in the same position. [Note: At 9:13 AM, the Resident Director stated that Residents #5 and #1 had switched bedrooms since the last survey.] Previously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.6 inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. [1 090] 3504.1 HOUSEKEEPING The interior and exterior of each CHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of	{ 071}	Continued From pa	ge 3		{l 071}		,	
since the last survey.] Previously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM. Resident #1's bed was observed placed only 22.5 inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. [1 090] 3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of		"review the physica manage the space observation of the £ 2007, at approxima the two beds remain [Note: At 9:13 AM, forces of the physical field of the ph	I setting and determined in the control of the cont	ne how to vever, er 7, ed that ition.				
Previously, the September 28, 2007 survey findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.5 Inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. {I 090} 3504.1 HOUSEKEEPING The interior and exterior of each CHMRP shall be maintained in a safe, clean, orderly, strractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of		since the last surve	y.]	bėdrooms	i			
findings included: On September 26, 2007, at 8:00 AM, Resident #1's bed was observed placed only 22.5 Inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. {1 090} 3504.1 HOUSEKEEPING		李帝的金的女师中们李原母母母母母母母母母母						
#1's bed was observed placed only 22.5 Inches away from Resident #4's bed. The beds remained in their same position on September 28, 2007, at 7:00 PM. {I 090} 3504.1 HOUSEKEEPING		Previously, the Sepfindings included:	tember 28, 2007 sur	vey				
The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of		#1's bed was obsert away from Resident remained in their sa	ved placed only 22.5 t #4's bed. The beds ime position on Sept	Inches				
maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of	{t oeo}	3504.1 HOUSEKEE	PING		{1 090}			
Based on observation and interview, the GHMRP failed to maintain the interior and exterior of the facility in a clean, orderly, and attractive manner. The findings include: The GHMRP submitted a written Plan of		maintained in a safe and sanitary manne accumulations of di	e, clean, orderly, attra er and be free of	active,			÷	
The GHMRP submitted a written Plan of		Based on observation the failed to maintain the	on and interview, the e interior and exterio	GHMRP or of the	·		,	
The GHMRP submitted a written Plan of	. [The findings include	e:					
Correction, signed October 25, 2007, in which the		Correction, signed (tted a written Plan o October 25, 2007, in	Which the	<u>-</u>			

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STATEMEN AND FLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MUL	TIPLE CONSTRUCTION	S STAG (EX)	URVEY
		IDENTIFICATION NUM	MBER;	A. BUILDI		COMPL	
		09G094		B. WING		R	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	1170	7/2007
CAREC			WASHING	i street, i GTON, DC	NVV 20012		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	ELIL I	ID P REF IX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ID O BE	(X5) COMPLETE DATE
(1 090)	Continued From page	ge 4		{(1090)}		- .	
	deficiencies would b 2007. However, ins	nat all environmental be corrected by Nove pection of the facility beginning at approxi hat several previousled, as follows:	mber 2, on mately	,			-
	Backyard and porch	ı					
	Paint around the wir the back porch was appeared that nume applied over the yea was notably unattraction	peeling, chipped and wous coats of paint h Its and the resultant I	dirty. It	·			
	Kitchen		. :		·		
	 The handle on the above the stove was not secured properly 	missino a screw an	loor d was	_	1. The handle will be properly secured.		12/13/67
	Cabinetry through unattractive, presum Basement;	nout the kitchen was lably due to age and	notably wear,		Cabinetry will be maintained in good kept clean.	I repair and	12/13/07
ï	There was a strip of length) missing at the right corner.	molding (approx. 3 fi e base of the wall in	t. în the front		Missing molding will be replaced.		12/13/07
	Living room:						
1	There were 3 burn m their shape, appeare iron.	arks in the carpet the d to have been caus	at by ed by an		The area rug will be replaced.		12/13/07
	Resident bedrooms.	-					
"	Both Resident #2 dresser drawers, fille flon Administration	and Resident#3 had d with personal cloth	d loose ing		,		
em regulat							-

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NAME OF PROVIDER OR SUPPLIER		DENTIFICATION NU		A. BUILDI B. WING	NG		PLETED R 7/07/2007	
NAME OF	PROVIDER OR SUPPLIER		STREET AC	DRESS, CITY	STATE ZIP CODE		7/2007	
CAREC			6934 9TH WASHING	STREET, I GTON, DC	١W			
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY GC IDENTIFYING INFORMA	E1 II I	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(XS) COMPLETE DATE	
{0e0 }	items, that were pla underneath their be nightstand and ward on the floor were the	ced directly on the fl ds. Each resident had drobe; the 2 drawers eir only dresser draw	ad a bed, placed Ærs	{(1090)	1. The residents have "captain's last for efficient use of space. The draw the framework of the bed, and the to be "on the floor" but actually so the frame the way dresser drawer of the dresser's frame.	awers are part of crefore may appear		
	There was a sign in the bedroom shar especially on the camolding/ walls and others is a repeat definition.	red by Residents #1 rpet in the corners, a on their window curte ciency. See Federa	and #4, dong the dins.		2. The RD has specifically assign with duties for dusting and launds for the people who live in the hor accountability for cleanliness and room will be dusted and the curta	ering assistance ne, thus increasing follow up. The	12/13/07	
	Deficiency Report da 3. There was a burn inside the door to the Residents #1 and #4 burn appeared to ha	n mark in the carpet e bedroom shared b l. Judging by its sha	y ine the		regularly, 3. The area rug will be replaced.	-	12/13/07	
	3504.15 HOUSEKEI Each GHMRP shall a at least seven (7) ch to his or her dally act	assure that each res anges of clothing an	ident has propriate	{ 108}				
	This Statute is not n Based on interviews positions, the GHMR resident at least seve	with staff in supervisi P failed to secure to	sory	·				
}	The finding includes:		•					
	The GHMRP submitt Correction, signed O provider indicated the would replace the daitems identified in the Deficiency report by I follow-up survey on N that the residents ren	ctober 25, 2007, in vat the Resident Direct maged/ discarded care September 28, 2007, to November 2, 2007, to November 7, 2007, to	which the stor othing 7 he					

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIE IDENTIFICATION NU 09G094	ER/CLIA MBER:	A, BUILDI	TIPLE CONSTRUCTION	(X3) DATE COMP	Survey Leted R
NAME OF I	PROVIDER OR SUPPLIER	000034	STREET AF			11/	07/2007
CAREC	0 05		6934 9TH WASHING	deres, city destreet, i gron, de	, STATE, ZIP CODE NW 20012	·	
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	F177.1	ID PREFIX TAG	FROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD RE	(25) COMPLE DATE
{I 108}	Continued From pa	ge 6		(1 108)			<u> </u>
	supply of socks and to the Resident Dire corroborated later b Retardation Profess had been purchase Reportedly, there ha	if undergarments. Acceptor, at 8:40 AM, (areasy the Qualified Mentasional) no new under disince the last survey ad been a delay in sees from the corporate	nd al garments ey.				
	Previously, the Sept findings included:	tember 28, 2007 sun	<i>r</i> ey				
	1. On September 2 7:58 AM, Resident # wearing a pair of dre casual shorts and s his athletic socks all the next half hour, th Resident #1 and this resident's clothing in resident's 12 athletic (Note: The 2 drawer undershirts and brief drawers were in gen socks without holes	6, 2007, at approximate was asked why he ass socks while he was socks while he was socks. He complained had holes in them as contained dozens is with holes in them eral disarray.) There found in the drawers to put them on before	e was ore alined that During the them. of and the e were 2		1. The RD will ensure that damaged sunderclothing are replaced.	ocks and .	12/13)
i	/:vu Pivi, inspection :	3, 2007, at approxima of Resident#6's clot pair of white athletic	hīna		2. The RD will ensure needed gament purchased, labeled, and provided to each	s are ch person.	12/13/0
["	3. On September 26 7:05 PM, Resident # contained 1 pair of u	3, 2007, at approxima 5's dresser drawers nderbriefs,	ately		3. See answer to #2 above.		ם בנובנ
1	On September 28, 20						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER:	A, BUILDII		(X3) DATE S COMPL	
		09G094		B. WING			r. 2 7/20 07
NAME OF P	ROMDER OR SUPPLIER		STREET AL	DRESS, CITY.	STATE ZIP CODE		
CARECO	0 05			STREET, N STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	\$HOULD BE	(X5) COMPLETE DATE
{1 108}	Continued From pa	ge 7	·	(I 108)			
	PM, the Resident Director acknowledged that the residents did not have at least 7 pairs of socks appropriate to his daily activities. 7) 3508-5(d) ADMINISTRATIVE SUPPORT						
{I 187}			Г	{I 187}			
	Each GHMRP shall have an organization chart that shows the following:				The new organization chart will be house.	e posted in the	12/13/07
·	(d) The lines of authority,			i.			
	This Statute is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional (QMRP), the GHMRP failed to maintain an organizational chart that showed the lines of authority within the nursing department.			,			
	The finding Includes	š.		·			
	Correction, signed of provider indicated the would be updated be. However, interview 7, 2007, at 4:42 PM seen a new chart are available for review 8, 2007, subsequen	tted a written Plan of October 25, 2007, in het the organizationally November 2, 2007, with the QMRP on Northere was no revision the facility. On Not review of materials ARP revealed no additional and the facility.	which the I chart Ovember ad not sed chart ovember				
	郑京头大人人 水大大 古 神如父母 青 大多净油油油油 安全金金宝金金玉 共同 世						
	Previously, the Septifindings included:	ember 28, 2007 surv	/ еу				ı
	The organizational of that was made available Administration	chart (dated Septemb able for review on Se	per 2007) eptember				

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STATEMEN AND PLAN	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G094		R/CLIA MBER:	(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF F	PRÓVIDER OR SUPPLIER	080094	STREET AN	ABECC CITY	STATE, ZIP CODE	11/0	7/2007
CARECO	0 05		6934 9TH WASHING	STREET, NOT 2	IW/		
(X4) ID PREFIX TAG	L KEACH DÉFICIÉNCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORMA	'ENU !	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEPICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{I 187}	27, 2007, at 2:49 PM, did not reflect the current lines of authority within the nursing department, to include the recently-hired RN Supervisor.			{ 187}	·		
{1 206}	3509,6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.			{1 206}			
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties.				·		
	The September 28, 2007 licensure survey had revealed no evidence of annual health inventories for one nurse and four consultants. A staff identifier was included with the deficiency report that was sent to the facility's administrative office. The GHMRP submitted a written Plan of Correction, signed October 25, 2007, in which the provider wrote: "The Human Resources Department will acquire the health certificates and place copies in the file at the home," with a completion date of November 2, 2007. On November 7, 2007, however, there was no				•		
	evidence of current I	health certificates in	the				

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AND PLAI	ENT OF DEFICIENCIES NOF CORRECTION PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G094	MBER;	A. BUILDI B. WING			SURVEY LETED R 07/2007
CAREC		}	8934 9TH	DDRESS, CITY I STREET, I GTON, DC	, STATE, ZIP CODE NW 20012		
(X4) ID PREFIX TAG	LACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION): CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
{I 206	Mental Retardation that she would seek corporate office and regulatory agency.	nately 4:50 PM, the C Professional (QMRF) documentation from I forward them to the On November 8, 200 on submitted by the C	i) stated i the i i7 review	{1 206}			
	1. The health inventory for the nurse cited in the previous survey (S5) had expired; it was dated September 16, 2006; and,				The Human Resources Director was required documentation for the nurse consultants.	vill provide the and	12/13/07
	2. There were no updated health inventories submitted for the four consultants cited in the previous survey (C1, C3, C6 and C7).				2. See response to #2 above.		12/13/07
	并并每年本中中中华中华中华的市场的特征的原本的	**************************************					
	Previously, the Sept findings included:	ember 28, 2007 surv	/ey				
	Interview with the Queen Professional and reversional files on Sethe GHMRP failed to current health certifications and four constitutions.	riew of the GHMRP's eptember 27, 2007 ro p provide evidence the cates were on file for	evealed				
	This is a repeat deficiency Report da	ciency. See Federal ated 10/12/06.					
(1 223)	3510.4 STAFF TRAI	NING		{l·223}			
	Each training program participation shall be and available for revi	maintained in the G	HMRP		The DoDS will provide the agen	edas used	12/13/07
destite Dadii	This Statute is not m Based on interview a ation Administration	net as evidenced by: and record review, the	e				
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AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G094		MBER:	A. BUILDIN B. WING _			
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE	1/1/0	112001
CAREC	O 05		6934 9TH	ISTREET, NO STON, DC 20	W nd42		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE		7014, 00 21			I
PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	CINI	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	LSHOULD BE	(Xē) COMPLETE DATR
{ 223}	Continued From pag	ge 10		{I 223}			 -
	Continued From particles of the september 28, revealed no evidence in-service training sets of the September 28, revealed no evidence in-service training sets of the September 25, 2007, in "The QMRP will prove agendas that were a completion date of N Staff in-service training the GHMRP on Nove 9:56 AM. There was training conducted by October 20, 2007 on Supervision" and "Draino corresponding agreview. At approximation or corresponded available to verify the conveyed. In addition documentation or collagendas" for training survey.	sure that agendas vioup home and made 2007 licensure survive of agendas for eigessions. The GHMR Plan of Correction, so which the provider vide coples of the strainings, lovember 2, 2007. In grecords were revember 7, 2007, begins a staff signature should be the topics "Staff currentation." The enda, however, availately 4:56 PM, the Cled that there was not information that has information that has a cited in the previous cited in the previous	ey had ht staff RP igned wrote: andard "with a lewed in nning at eet for RD on re was lable for MRP agenda d been t offer	{ 223}	JENGENS!)		
1	Previously, the Septe indings included:	mber 28, 2007 surve	∌ y			1	
i e E	On September 26, 20 eview of the GHMRF ecords revealed that evailable for training so staff signature she were no agendas or him Administration	"s staff in-service tra there were no agen essions that were in ets. For example, th	aining das adicated				

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NAME OF	PROJECT AL	IDENTIFICATION NU		A BUILDIN	- COMP	R			
	PROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP CODE					
CAREC	O 05		WASHIN	H STREET, M GTON, DC 20	N 1012				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION)		F-1 14 1	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE HE APPROPRIATE	(XS) COMPLE DATE		
	subject matter disc - September 6, 200 Safety, Electrical S - July 23, 2007 and - August 8, 2007 "Ric Most Integrated Se - August 8, 12 and Professional Couns other recent training The Workplace," "S Care" and "Sign Lar For the most part, the	russed at the following 7 "Fire Safety, Cooki afety;" August 11, 2007 "Se SPs/Active Treatment with of Persons with Mitting;" 13, 2007 "Role of The selor," and on such topics as "E ecuring Medical and ecuring Medical and	ng exuality;" f;" fIR/DD ethics in Dental	{1 223}					
- E	(f) Specially areas residents to be served to, behavior manage recreation, total commerchnologies; This Statute is not no asset on interview a	m shall include, but ring; elated to the GHMRP ad including, but not liment, sexuality, nutrimunications, and assure that arendas we sure that arendas we	and the imited tion, sistive	(1 229)					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 NAME OF PROVIDER OR SUPPLIER 11/07/2007 STREET ADDRESS, CITY, STATE, ZIP CODE CARECO 05 6934 9TH STREET, NW WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {I 229} Continued From page 12 [[229] The findings include: 1. Cross-refer to 1042. The September 25, 2007 12/13/07 survey revealed that the most recent documented 1. The Nutritionist training will be rescheduled. training by the Nutritionist had been provided on February 18, 2006. Only one of the employees who attended that session (19 months earlier) was still employed by the GHMRP. The GHMRP's Plan of Correction, signed October 25, 2007, stated that training would be provided by November 2, 2007. Staff in-service training records were reviewed in the GHMRP on November 7, 2007, beginning at 9:56 AM. There was no documented evidence that the Nutritionist had provided in-service training. The Qualified Mental Retardation Professional (QMRP) acknowledged that the Nutritionist had not conducted the training to date; however, she reportedly was scheduled to provide additional training on November 11, 2007. 2. The September 26, 2007 survey revealed that 12/13/07 Resident #4 (who was not in the sample for that 2. The RN Supervisor will ensure that seizure survey), had a diagnosis of seizure disorder. training is provided and documented. Review of the staff in-service training records, beginning at 9:56 AM, revealed that the most recent documented training on salzures had been provided on January 30, 2006 (20 months earlier). The GHMRP's Plan of Correction stated that training regarding seizure disorder would be provided by November 2, 2007. However, review of the staff in-service training records on November 7, 2007, beginning at 9:56 AM, revealed no evidence of training on seizures. At 5:08 PM, the QMRP acknowledged that the training had not yet occurred; however, she further stated that the Registered Nurse had scheduled seizure training for November 12, 2007. Health Regulation Administration

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PRINTED: 11/19/2007 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL in PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG DATE DEFICIENCY {| 274}| 3513.1(e) ADMINISTRATIVE RECORDS $\{1274\}$ Each GHMRP shall maintain for each authorized agency 's inspection, at any time, the following administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to document signed written agreements or contracts with professional consultants. The September 28, 2007 licensure survey had revealed no evidence of signed agreements or contracts with three consultants. A staff identifier was included with the deficiency report that was sent to the facility's administrative office. The GHMRP submitted a written Plan of Correction, signed October 25, 2007, in which the provider wrote: "The Human Resources Department will ensure signed contracts are on file in the home," with a completion date of November 2, 2007. On November 7, 2007, however, there was no 12/13/17 evidence of written agreements or contracts in The HR Director will provide the signed consultant the facility. At approximately 4:57 PM, the contracts... Qualified Mental Retardation Professional (QMRP) stated that she would seek documentation from the corporate office and forward them to the regulatory agency. On November 8, 2007, review of the documentation

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submitted by the QMRP revealed no evidence of written agreements or contracts with the three consultants identified in the previous survey (C2,

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STATEMEN AND PLAN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		IR/CLIA MBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE S	ETED
	<u> </u>	09G094		B. WING		l l	R 17/2007
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{I 27 4 }	Continued From pa	ge 14		{ 274}			
	findings included: Interview with the Q Professional and re September 27, 200	tember 28, 2007 sur walified Mental Reta view of personnel re 7 revealed the GHMI r written agreement	rdation cords on RP falled				
{ 379}	In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.		{I 379}	Sec response to federal deticiency	W149.	12/13/07	
,	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that the Department of Health, Health Regulation Administration, was notified of all allegations of physical abuse, immediately by phone then followed up by written notification, for two of the five residents of the facility. (Residents #1 and #4) Cross-refer to Federal Deficiency Report - Citation W149. According to a nursing progress note in Resident #4's medical chart, a "counselor" reported to a medication nurse that there had been an altercation between Resident #4 and a peer. On October 28, 2007, at 9:30 PM,					·	

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		096094				1	` 7/2007
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
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	punched him in the QMRP revealed that a counselor, had fire abuse to the nurse. QMRP. The QMRP not viewed this as a categorized Resider accusation. Neither documented the alleincident report, in accuration accuration accuration.	I that Resident #1 hat face. Interview with the face. Interview with the the thought the rest reported the allegation as the further indicted that in incident because soft #4's allegation as the nor the nurse has allegation of abuse on accordance with agent erview and record rese that Resident #4's adiately reported to the the Department of the noted that the Ghaving investigated Face that the Department of the condition Administration or events that substantiation Administration or events that substant is health, welface that is, immediately up by written notificants of the facility. (Resports and investigated points and	the sident, not sident, not sident, not sident of ified the she had she a false ad an cy view he Health as MRP Resident vey he ment of I, was santially tre, living by stion, for esidents ions on M, vidence	(1379)			
alth Regula	tion Administration				· · · · · · · · · · · · · · · · · · ·		

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NAME OF	PROVIDER OR SUPPLIER	090094		DDRESS, CITY, STATE, ZIP CODE				
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·{I 379]	Continued From page	ge 16		{ 379}			 	
	a. On January 17, 2 Resident #1 and #4 that resulted in Resimedical services to lip (laceration). b. On April 10, 200 #1 needed to be pio due to knee pain. Ti	2007, staff reported to were in a physical a ident #1 needing emaddress an injury to address an injury to 7, staff reported that ked up from the day ne resident was substacy room and diagnow, staff reported that ressive to his roommaling to the incident resident #4 who in the eff side of his wrist, staff reported that Ref were packing the valent's vacation in Octoency. See Federal	that Itercation ergency his lower Resident program sequently psed with Resident nate eport, urn, bit esident an to cean	v or aj	-			
	Each GHMRP shall a medication administration administration administration. This Statute is not medicated on interview a GHMRP falled to ensumaintained Medication (MARs), as follows: On November 7, 200 a nursing note was formedical chart that income the resident had made abuse. Resident #1: The progress note income interview administration.	maintain an individual ration record for each rect as evidenced by: and record review, the sure that nursing station Administration Report at approximately found in Resident #4's dicated on October 2 le an allegation of phallegadly hit him in himself.	e face	1 474}	The Director of Operations, the DoDS, a Supervisor will hold a meeting of all nur review documentation to ensure that MA progress notes, and incident reports are p and accurately completed.	ses to Rs and	12/13/07	

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ļ	·		09G0 9 4		B, WING		R		
- }	NAME OF	PROVIDER OR SUPPLIER		STREET AL	DRESS, CITY	STATE, ZIP CODE	11/0	7/2007	
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	{ 474}	4) Continued From page 17			[1474]				
- 1					η τ. - 1 - 1 /			•	
		assessed Resident #4, found no sign of injury, and administered Tylenol 650 mg that evening "for pain."							
		At approximately 5:4	13 PM, review of Res	sident					
		#4's October 2007 N that the nurse had p	FODERIV documented	bavina					
- 1		auministered the Tyl	englion the MAR A	M 5:50 T					
1		- Μνι, απει reviewing (the MAR herself the	facilib/c					
-		LPN Designated Nur did not see it docum	ise acknowledged th	at she					
				-4-3 IAIWW"					
- [·	- 4 6 1 Mari (1-1)				-		
	1								
		Previously, the Septe findings included:	ember 28, 200 7 su rv	⁄ey	,				
		Nursing staff falled to GHMRP's policies or Administration Recor	l maintaining Medics	ation I					
		The evening medicat	100 Dass was obser	rad on		,		·	
		September 25, 2007. was given his medica	At 5:38 PM, Reside	ent #5					
1	- 1	ure pharmacy had no	it delivered a new su	IRPN/AF				,	
		COURTRIOSE (DIESCLIP	ed to address Resid	ant #5%			· .]		
	1 1	history of constipation had been without Cor	1) and the modeles (6L				}	
	1.1	approximately 6:30 P MAR revealed the follow	M. review of the resi	At ident's					
		f Sentember 22, oppr	T E Dha e	1	ļ	•			
1		* September 23, 2007, 5 PM • A trained medication employee (TME) circled her Initials and documented "don't see" on the back of the MAR sheet.							
	1 4					•			
		September 24, 2007	7 AM - A nurso isi	Helod					
	. 6	* September 24, 2007, 7 AM - A nurse initialed the MAR, documenting having administered the Constulose as ordered.				·			
Hes	ith Regulat	lon Administration		<u> </u>			·		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TPLE CONSTRUCTION	(X3) DATE S COMPLI	SURVEY ETED
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NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY.	STATE ZIP CODE	11/0	7/2007
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{I 474}	Continued From pa	ge 18		{ 474}			
	* September 24, 2007, 5 PM - A nurse circled her Initials and documented "on order on the back of the MAR sheet. * September 25, 2007, 7 AM - A nurse left the space blank, with no other documentation evidenced.						
	At 6:45 PM, Interview with the Designated Nurse confirmed that the resident's supply of Constulose had run out on September 23, 2007. She could not, therefore explain why a nurse had documented administering it the next morning.		3, 2007. urse had				
(1 500)	3523.1 RESIDENTS			{i 500}	The Director of Operations and the Dol Supervisor will hold a meeting of all nu	S and RN rece and	12/13/07
	Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on interview and record review during the revisit on November 7, 2007, the facility failed to ensure each resident's right to file a complaint and have his/her complaint fully investigated, for one of the five residents of the facility. (Resident #4) The finding includes:		and -137 this		Supervisor will hold a meeting of at the program management staff to cusure the understand and implement Careco's poincident reporting and investigation.		
			,		- '		
				1			
	On November 7, 2007, at 9:14 AM, interview with the Resident Director (RD) revealed that there had been one incident reported and investigated since the September 28, 2007 recertification survey. The corresponding documentation was reviewed. At 9:20 AM, the RD stated that there						
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA . AND FLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY {| 500} Continued From page 19 {1.500} had been no other incidents reported. At approximately 1:35 PM, the Qualified Mental Retardation Professional (QMRP) also indicated that no other incidents had occurred since the September 28, 2007 recertification survey. The LPN Designated Nurse, who was present at the time, stated that she was unaware of any other incidents that required nursing care (except for Resident #1's medication refusal). Later that day, however, at approximately 5:25 PM, a nursing note was found in Resident #4's medical chart that indicated he had made an allegation of physical abuse. On October 28, 2008, Resident #4 informed staff that Resident #1 had punched him in the face. Interview with the Qualified Mental Retardation Professional (QMRP) on November 7, 2007, at approximately 6:00 PM, revealed that the allegation of peer-on-peer abuse had not been reported in accordance with facility policies. Although the QMRP Indicated that she had interviewed the two residents at the time the resident made his allegation, there was no written documentation available for review to verify that the resident's complaint had been investigated. In addition, there was no evidence that Resident #4's allegation was reported to outside entities. including his mother (she remains Involved in his care), in accordance with facility policies, to ensure that his complaint received appropriate review. Health Regulation Administration

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 09G094	BER:	CE) MULTIF . BUILDING I. WING		l l	ETED R
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{IR 000)	INITIAL COMMEN	TS	{R (000}			
	September 25, 200 2007. A random sa selected from a res with various degree of this survey were group home and tw with residents and a guardian, as well as	was conducted from 7 through Saptember: ample of three resident ident population of six is of disabilities. The fibased on observations to day programs, interestaff and one resident's the review of clinical and including incident in	ts was men indings s at the riews				
	The criminal backgr criminal history of the contract worker for in all jurisdictions wi employee or contract	JND CHECK REQUIR round check shall disclude prospective employed the previous seven (7) thin which the prospect worker has worked deven (7) years prior to	ose the ee or years, etive	25}			
1	Based on interview of failed to document of disclosed the crimin employee or contract seven (7) years, in a the prospective emp	met as evidenced by: and record review, the criminal background ch al history of any prospict worker for the previous ill jurisdictions within within within the seven (7) yea	ecks ective ous chich er had				
	evealed no evidenc Packground checks Staff Identifier was In	2007 licensure survey e of comprehensive for two direct care staf cluded with the deficie to Careco. On Novem	f. A				
th Regulati	on Administration	:					
DRATORY E	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTAT	IVE'S SIGNATUR	F	HILE		(X5) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ... B. WING 09G094 11/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW CARECO 05 WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREPIX PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** {R 125} Continued From page 1 (R 125) Retardation Professional (QMRP) stated that she thought the agency had run "global" background checks, to include all jurisdictions in the United States, for every employee. She agreed to provide evidence of background checks for the two previously-identified employees, as well as for two newly-hired employees. On November 8, 2007, review of the documentation submitted by the QMRP revealed the following: 1. There was no documentation available to 1. The HR Director will ensure background checks 12/13/67 verify compliance for the two employees cited in for the two employees are completed and are in the previous report (\$1 and \$2): compliance with regulations. 2. Instead of "global" background checks, the criminal court records searches that were 2. The HR Director will ensure that the 7-year documented for the two newly-hired employees history of all the jurisdictions where the two (S14 and S15) were limited to the jurisdictions in employees had lived and worked will be completed which they had lived during the previous seven per regulations. years. The GHMRP failed to disclose a seven year history of all the jurisdictions where the employees had worked and/or alleged having included that factor when securing the background checks; therefore, verification could not be achieved. Previously, the September 28, 2007 survey findings included: Interview with the Qualified Mental Retardation Professional and review of the personnel records on September 27, 2007, at 7:21 PM, revealed that the GHMRP falled to provide evidence that criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for two direct care staff, Health Regulation Administration

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	This is a repeat def Deficiency Report c	īciency, See Federa lated 10/12/06.	I				
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CARECO

HEALTH CARE PROVIDERS 8115 FENTON ST., SUITE 203 SILVER SPRING, MD 20910 (301) 565-9400 FAX (301) 565-4541

December 13, 2007, 2007

Patricia VanBuren
Acting Administrator
Health Regulation and
Licensing Administration
825 North Capitol Street, NE
Second Floor
Washington, DC 20001

Re: 6934 9th Street, NW

Dear Ms. VanBuren:

Careco received and responded to the deficiency report constituting non-compliance with 42 CFR 483.460 – Client Protection Condition of Participation in the Medicaid Program, Intermediate Care Facilities for the Mentally Retarded.

We have implemented our plan of correction, and we believe we are now in substantial compliance with the above Condition of Participation.

Sincerely,

Dennis Lewis

Director of Operations

Cc: Medical Assistance Administration

March Monepon for

Department of Disability Services

To: Roland Follat Patricia Van Buren Shila Pannell

FR: Marsha thompson

Re: Allegation of Substantial Compliance 6934 9 M Street

D4: 12/13/2007

flease see attached. Thanks,

March